

Ministry of Health

Mpox Vaccine Information Sheet

Version 5.0 – April 13, 2026

Highlights of Changes:

- Update to PrEP section

This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

The virus that causes mpox is distinguished by two separate genetic clades:

- **Clade I:** Sub-clade Ia is endemic to Central Africa and causes more severe illness and deaths than clade II. Sub-clade Ib emerged in the Democratic Republic of Congo (DRC) in 2023 and is spreading through direct contact, primarily through sexual networks.
- **Clade II:** This clade is endemic to West Africa and is associated with less severe illness and deaths than clade I. Sub-clade IIb was responsible for the 2022 global mpox outbreak that primarily affected adults who identified as men who have sex with other men.

Ontario continues to monitor for cases of mpox (clade I and II), and is working collaboratively with health care providers, Public Health Ontario (PHO) and the Public Health Agency of Canada (PHAC) to address health risk(s). Guidance will be updated as new information becomes available and epidemiology evolves.

Information related to mpox and vaccination in this document is based on the current epidemiology in Ontario.

What is Imvamune®?

Imvamune® vaccine is approved in Canada for protection against smallpox, mpox (formerly monkeypox), and other orthopoxvirus-related illnesses. The vaccine contains live but weakened virus that cannot replicate in humans.

Who should get the mpox vaccine?

Currently, in Ontario, two doses of Imvamune® can be received as:

1. Pre-Exposure Prophylaxis (PrEP), which means receiving the vaccine prior to any mpox exposure (for those who are likely to be exposed). Most vaccines that people get (e.g., flu vaccines) are for pre-exposure prophylaxis.
2. Post-Exposure Prophylaxis (PEP), which means receiving the vaccine after a potential exposure. For example, if you have had sexual contact with a person

The individuals listed below are considered at high risk for mpox exposure and are eligible for pre-exposure vaccination:

1. Two-Spirit, non-binary, transgender, cisgender, intersex, or gender-queer individuals who self-identify as belonging to the gay, bisexual, pansexual and other men who have sex with men (gbMSM) community AND who meet one or more of the following:
 - a. Have more than one partner
 - b. Are in a relationship where at least one of the partners has other sexual partners
 - c. Have had a confirmed sexually transmitted infection within the last year
 - d. Have attended venues for sexual contact (e.g., bath houses, sex clubs)
 - e. Have had anonymous sex (e.g., using hookup apps) recently
2. Sexual partners of individuals who meet the criteria above
3. Sex workers (regardless of gender, sex assigned at birth, or sexual orientation) or who are a sexual contact of an individual who engages in sex work
4. Staff or volunteers in sex-on-premises venues where workers may have contact with fomites potentially contaminated with mpox
5. Individuals who engage in sex tourism (regardless of gender, sex assigned at birth, or sexual orientation)
6. Individuals travelling to an area with ongoing community transmission of mpox clade I and anticipate either prolonged close contact (e.g., sharing accommodation) or sexual contact with people who reside in the area of active transmission
7. Canadian healthcare professionals being deployed to support mpox outbreaks in countries where there is a [level 2 travel health notice for mpox](#)
8. Individuals who anticipate experiencing any of the above scenarios

The mpox vaccine is not routinely recommended for travelers unless they meet one of the high-risk criteria above.

Household contacts of those identified for pre-exposure vaccination eligibility above AND who are moderately to severely immunocompromised or who are pregnant may be at higher risk for severe illness from mpox infection and may be considered for pre-

exposure vaccine. Individuals who meet this criteria should contact their healthcare provider (or their local public health unit) for more information.

Imvamune® is **not a treatment** for mpox. If you are infected with mpox, getting a vaccine will not make your symptoms better.

How many doses of Imvamune® do I need?

Imvamune® is given in 2 doses, at least 28 days apart. Individuals should ensure to receive **both doses** of Imvamune® to be best protected. Booster doses are not recommended at this time.

It has been more than 28 days since I received my first dose of Imvamune®. Do I need to restart my series?

No, you do not need to restart your series. You should receive your second dose as soon as possible.

I have received a smallpox vaccine before. Do I still need Imvamune®?

Individuals who are eligible for Imvamune® as pre- or post-exposure vaccination and who have previously received smallpox vaccination, are still recommended to receive a 2-dose series of Imvamune®.

I recently had mpox. Do I need to get the vaccine?

At this time, individuals who have been diagnosed as a confirmed case of mpox are not recommended to receive the mpox vaccine.

How effective is 1 or 2 doses of Imvamune®?

Studies focusing on vaccination and clade II have shown that 2 doses of Imvamune® reduces the risk of mpox infection by approximately 80-88%. Imvamune® (is expected to provide meaningful protection against mpox clade I (including clade Ib), but the evidence base is still limited compared to clade IIb

Recent Ontario data has shown that persons who have received at least one dose of Imvamune® are less likely to report severe symptoms and to require hospitalization than persons who have not been vaccinated if they become infected.

To be optimally protected, it is recommended that individuals receive 2 doses of Imvamune®, at least 28 days apart.

I have just completed my vaccine series. When will I be protected?

After receiving a vaccine, it takes your body approximately 14 days to build immunity.

It has been 2 years since I received my 2-dose series of mpox vaccines, should I receive a booster dose?

No, booster doses are not recommended at this time.

Is the vaccine safe?

Yes, Imvamune® is safe to receive.

There is currently limited information on the use of the vaccine in certain populations. If you are less than 18 years of age, pregnant, breastfeeding, immunocompromised or have atopic dermatitis, you should speak to your health care provider.

Your health care provider will review the risks and benefits of receiving the mpox vaccine.

Can I receive the mpox vaccine at the same time as other vaccines?

Yes, Imvamune® can be given concurrently (i.e., same day) or at any time before or after other live or non-live vaccines.

Who should not receive the vaccine?

Imvamune® is not indicated for the treatment of mpox infection. If you are experiencing any symptoms of mpox, please let your health care provider know before receiving the vaccine. Imvamune® should also not be given to individuals who have allergies to any of the ingredients in the vaccine.

If you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the outer lining of the heart) linked to a previous dose of a 1st or 2nd generation smallpox vaccine, speak to your health care provider.

Please talk to your health care provider about the potential risks of getting this vaccine.

Does Imvamune® leave a scar like the smallpox vaccine?

No, Imvamune® will not leave a scar like previous smallpox vaccines as it is not given through scarification. Imvamune® is delivered through the subcutaneous route, which means that the needle is placed into the fatty tissue below the skin and above the muscle tissue. Other vaccines, like Measles Mumps and Rubella (MMR) vaccine, are also given this way.

Does Imvamune® have side effects?

Imvamune®, like other vaccines, may cause side effects, although not everyone will experience them. The most reported side effects are pain, redness or swelling at the injection site. Other common side effects may include fatigue, headache, muscle aches

and pain, and nausea. These side effects are typically mild to moderate and on average do not last longer than 7 days after receiving the vaccine.

No cases of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the outer lining of the heart) have been identified in clinical trials of Imvamune®. If you develop any cardiac symptoms after receiving the vaccine, please contact your health care provider.

When should I call my health care provider?

Call your health care provider or go to the nearest emergency department if you experience any of the following symptoms after receiving the mpox vaccine:

- Hives
- Swelling of the face or mouth
- Trouble breathing
- Cardiac symptoms such as chest pain, shortness of breath or palpitations

Where can I get more information?

For more information on mpox, please see resources below, or talk to your health care provider.

Ontario Ministry of Health - [Mpox \(monkeypox\)](#)

Public Health Ontario - [Mpox information page](#)

Public Health Agency of Canada - [Mpox: Outbreak update](#)

World Health Organization – [Mpox \(monkeypox\) Key Facts](#)

World Health Organization - [Mpox \(monkeypox\) Questions and Answers](#)